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SOME PECULIARITIES OF CLIMATE AND THE USE OF ELECTRICITY.

BY F. CORNWALL, M. D., SAN FRANCISCO.

IGNORANCE of the nature of electricity and of the laws through which it affects disease of the human organism, has prevented many of the most scientific and thoughtful men of this age from its use as a therapeutic agent. Each year, however, the number of converts among this class has increased, until now the most reputable men in the profession esteem this agent an indispensable part of their armamentarium. Heretofore uninformed men, women, and quack doctors, taking advantage of the mystery surrounding the action of this force in nature, have fed upon the credulity of the ignorant, and, notwithstanding the profound ignorance of the operator of the nature of disease, they did much good and little harm. By this might be inferred that electricity is a potent agent for good when indicated and does little harm when not. This applies to the form known as Faradism, galvanism having been employed but little by the class referred to.

The late Dr. Geo. M. Beard, of New York City, did more to legitimatize the employment of electricity in this country than all others, he for the first giving a rational reason for its use. To him ought to be ascribed greater credit and honor than he has ever received, as his teachings were many years in advance of the profession. He lived with his own age, and clearly saw its conditions and necessities without looking through the mist of the past. Few men have the originality to conduct scientific investigations by new methods and from new premises, but it is clear that in this way only may we expect new and startling results, or, in other words, progress. Such men are inventors, and are called geniuses. Beard had this faculty, and, being also gifted with rare literary ability, his works possess more than ordinary merit.

Human nature asserted itself in his case, as in many others in the history of medicine, wherein some member of it has been an originator of something, and this at variance with the teachers and authors. Beard's colleagues, the neurologists in this country, denounced his theories bitterly, but in Germany he had many friends and adherents. Beard had the spirit of a true Eclectic.

All intelligent readers who have thought much on the subject of medicine are in a degree familiar with the belief that the character of disease changes in different ages, or with different environments. This should be characterized as something more than a belief—it may be called a fact. This is rational; indeed, it could scarcely be otherwise. These changes in the environment of man, which induce varieties in the nature of disease, may originate in the climate; as to its temperature, vicissitudes, or monotony of its humidity or aridity, malaria or other forms of infection arising from decomposing organic matter, etc., etc.; or from psychological influences, such as those of the many religions. Ingersoll says: "Show me a nation's religion and I will tell you the character of her people," or words to that effect. While this may be in a measure true, none the less, the character of the religion has probably had much to do in moulding the character of its believers. The whole national character may thus be stamped; as an instance, the Puritans of New England and their influence on the United States. Spiritualism is something allied to religion. Like all religions, its principal basis is belief in some undemonstrable mystery. The great power brought to bear by the multiplicity of improvements in all practical departments of life, such as characterize our present civilization, than anything else is most potent to change from one condition to another the human organism, and its impressibility to extraneous influences calculated to impair the health. Through this, as is known, there has been an almost complete revolution in the occupation and habits of our population. Going hand in hand with our material improvements and scientific discoveries, belief in religion has declined (whether an improvement or not), and this has in turn changed our moral code (whether for the better or not).

We will first, now, consider the influence of our civilization as a factor in the production of changed conditions in our mental and physical organizations. Before the advent of steam, traveling was so slow, dangerous and difficult that most men were content to remain in the township of their birth during the whole or most of their life. Traveling by sail was a tedious task, and there was nothing in it to demand punctuality upon the part of the traveler. By stage was a little more brisk, and more nearly on time, but, most times, it would wait on tardy passengers. Traveling by one's own conveyance, you start when you get ready and stop when you are tired. How different now! The land, rivers, lakes, and oceans are traversed with speed and safety by means of steam. It is nothing now to circumnavigate the globe. Everybody traverses the continents, and very few linger many years about the homes of their childhood. Most probably they have had numerous homes, or may be none. Everybody travels until the whole of civilization bids fair to become mixed and amalgamated. Everybody must have a watch and consult it frequently or lose train or boat. All this begets a discontent with present circumstances and surroundings, and a desire to go in search of something better. The whole land resounds to the sound of the steam whistle and the clash of machinery grating on a sensitive auditory apparatus. The quiet and calm of nature is everywhere disturbed; men rush to and fro with anxiety and eagerness,—digestion deranged by irregular meals, and brain irritated by insufficient or disturbed sleep. Truly we ought to have great good in some way from all this progress in practical affairs to compensate us for the quiet contentment of our forefathers.

Everything now is heralded by telegraph. In the olden time we were content to know the news of our own neighborhood or community, now we have to read the happenings of the whole globe before we finish our breakfast. If we should fail in some insignificant detail we will have it for lunch; of course we have an evening paper for dinner. A merchant used to lay in a stock of goods twice a year, and make his calculation how his prices should be graded, and abide his time in assurance that his affairs would not soon be disturbed. Now a telegram comes from London, Liverpool, or New York, of some failure or great Trust combination, and his stock and his goods must be sold below cost else some new arrival will undersell him. The mercantile business thus becomes a game of chance. No wonder our merchants become care-worn, nervous and dyspeptic, and prematurely broken down. It is worry that kills, not work.

(*To be concluded next month.*)

OUR INSTITUTION AND STUDENTS.

BY H. VANDRE, M. D., CLASS OF 1887.

As one reads the CALIFORNIA MEDICAL JOURNAL he cannot help but feel a desire to join its refrain, not excepting Dr. Webster's solos on the violin. If you will permit me, through your interesting and pleasant JOURNAL, I would like to say a few words in behalf of our worthy institution—make some few remarks, and give a few words of caution, to the seniors in particular, since most of them must necessarily pass through the same experiences of their humble servant and others who have preceded them. After receiving your *Ad Gradum Medicinæ Doctoris et Chirurgiæ Magistri*, a title which must forever elevate you in life, ladies and gentlemen, you need never feel ashamed of your *alma mater*. No matter where you may go, success will follow you.

Those of you who expect to graduate this term must recollect that the time is drawing soon to a close, when you must leave your cherished professors. Let me impress upon you, and write on the tablets of your memory, *the principles, points, and facts,* —*the essentials in practice.* They are the digest of many years of hard labor (as your future studies will reveal to you), of patient study, comparison, and indisputable facts—this given to you in a nutshell throughout the course by each respective chair.

By ever bearing in mind these principles, points, and demonstrated facts, you will have little reason to go astray. When you are thrown into practice, don't stop to think, or pause betwixt this or that, but go right ahead. By closely observing the above you will succeed, and cause the *other medicos* considerable uneasiness. This is the best part of it, doctors; it's a fact, and our best enjoyment. This will prove to you something.

Those of you who may have had a previous training in homeopathy or allopathy, I say this with all due respect, if you wish to be successful from the start, don't for a moment hesitate, I repeat again, nor get your *pathies* and remedies mixed, as many of you are apt to do; but go in earnest from the start, with your Eclectic treatment and Eclectic remedies. I advise you later, however, to familiarize yourselves with other drugs or medicines as well; but you will invariably come back to specific medication stronger than ever; to the pure, simple, rational, and physiological treatment.

Those of you going into the country, should not expect to have an easy time, as is the general opinion of young graduates, especially city boys. You will be advised to go into the country, perhaps, to try you. This will be the making of you, nevertheless, and soon tell what stuff you are made of. In the country you will have to be ready for all emergencies. You will often have to act in a dual and treble capacity, as physician, surgeon, and nurse, and travel long distances on rough roads. It will be imperative for you to succeed from the start (this I hope you will do anywhere) or fall on your own bottom. Then be careful, cautious, make haste slowly and deliberately, keep cool and serene. You will be watched closely. Keep severely clear from saloons. It will be more in keeping to attend church. Be gentlemanly; let your words be choice and select; the effect is elevating, becoming a physician and gentleman; don't be too talkative; hear lots and repeat nothing; let your motto be, "I tell no tales."

By the other medicos (I will give it to you as I have found it) you will be scrutinized, scandalized, and unmercifully handled. This is a fool's revenge, pay no attention, keep cool and serene; they are not worthy of our steel. I am pleased to say I have been treated gentlemanly at all times by Eclectics. Treat the poor or laboring class respectfully and cheerfully; they will be a way of introduction by calling your attention to the upper class of the community. When you have finally reached this point, your labors will be easier; at least such has been my experience. In conclusion, let me draw your attention closer to the respective chairs of our College.

OBSTETRICS.—This chair will try you considerably. Your further success may entirely start from this. Remember, if you are a successful obstetrician you become a hero in every family where you officiate, and your word will be law. With your patient be gentlemanly, composed, and cheerful; this will give confidence. Remember your positions, mechanism of labor, principles involved, and following treatment. Don't deviate from your college instructions. After you have become more familiar, then you may listen to all the old women in the country if you choose.

SURGERY.—Here you should have complete self-control; nerve yourself up to your work, so to speak; fancy you are operating carefully and skillfully on the dead subject. Guard your important structures; don't use stimulants before operating, it is a bad habit. A glass of cool water before and during the operation I think is preferable; after the operation is completed a little stimulant if necessary.

With Professor Gere as instructor, you should become good surgeons. I advise you to follow him closely and carefully in his cuts and operations, on the cadaver and living subject. Draw as perfectly as you can on your note-books the various cuts, flaps, resections, amputations, etc., as executed by Professor Gere; you will find it a valuable aid in the near future. To be a surgeon one need not be rough, or noisy. Don't brag nor display your instruments; it shows ignorance.

THEORY AND PRACTICE.—This chair will be your daily bread. It gives you a description of disease, etiology, pathology, symptomatology, diagnosis, prognosis, and treatment,—what you will have to battle with every hour in the day.

Don't forget here to pay particular attention to electro-therapeutics,—on the intelligent application of galvanism and Faradism. This will play a very important part in your practice; it will give you great satisfaction. Don't forget it in your nervous diseases, rheumatism, strictures, anal troubles, and many other complaints. Again, follow Professor Webster closely. Take him all in all; you will need him every hour. In specific medication, and certain well-tried homeopathic remedies, I cannot recommend him too highly to you.

ANATOMY.—This fundamental study is indispensable if you desire especially to become good surgeons. Anatomy is the groundwork. Give special attention to surgical anatomy; practice upon the cadaver, the oftener the better. Don't use gloves; don't be afraid to soil your hands. Make yourselves familiar with the touch and feeling of the parts; don't merely look at them, but handle them thoroughly. On the skeleton make yourselves thoroughly familiar with the different varieties of fractures you will have to set and handle in practice. Remember you won't always have by you a skeleton to refer to. Professor Mehrmann is as interesting in this chair as he always proved himself in physiology. The subject must be highly interesting to you at all times.

MATERIA MEDICA.—Ours the broadest of all; pure and simple, physiological and rational. This chair will go hand in hand with Theory and Practice, hence you will observe its importance. Right here you will be taught what to expect of any drug in any form. Don't forget here to learn prescription writing from Professor Fearn. This is very important; there is nothing so pleasing to a druggist as to receive a well-written prescription from a physician. You will often be measured by your prescriptions. Copy all receipts given you during the course by Professor Fearn; you will have use for them many times.

PHYSIOLOGY.—Your companion to anatomy. Physiology will be your basis, or foundation, and guide towards the intelligent administration of medicines on physiological principles; therefore, if you wish to become successful practitioners, study your physiology and materia medica well. Without this you will become failures. I advise you to follow closely Professor Schmitz also, on nervous diseases, as these will tax you considerably in your practice.

CHEMISTRY.—This beautiful and endless science you should all be familiar with, especially the practical part, as poisons and their antidotes, action and reaction of drugs, compatible and incompatible mixtures, testing, and urinology. With Professor Logan you should become good chemists.

OPHTHALMOLOGY, OTOLOGY, AND LARYNGOLOGY. These subjects you should have more than a general idea of. Physicians, as a rule, I find, seem to have but a superficial knowledge of the eye, ear, and throat. I don't mean you should be professionals, because you could not if you would, in such short time; but sufficient to say that, with Professor Cornwall, you will have by far a better and greater amount of knowledge on the subject than the majority of practitioners of the present. Remember especially his treatment, prescriptions, etc.

JURISPRUDENCE.—Our legal rights and privileges as physicians and surgeons. This chair you must take down *verbatim et literatim*, for your final dish, and future use. I refer you back, on this deep science, to your kind Professor Campbell.

SOME OF THE USES OF WATER IN HEALTH AND DISEASE.

BY A STUDENT.

WATER is a good remedy in health and in disease. We could not be without it. According to my observation, water is good as prophylactic treatment. In hot climates a bath should be taken twice a day in tepid water (care being taken not to bathe after eating, at least not to bathe until an hour after dinner, or one hour before eating). Bathing removes the excretions thrown off from the body by perspiration, and prevents re-absorption.

Water, if drank freely, will prevent disease, or at least some forms of disease. By drinking a glass of water two or three times a day, it liquifies the stools (of course we cannot tell a patient to go home and drink water, but we can give him some simple powder to take three times a day in a goblet of water). The stools are softened, constipation is prevented. Water drinking will increase the secretion of urine, and prevent solid matter from forming in the kidneys or bladder, and so avert disease in that region. Bathing and water-drinking will soften the skin, promote perspiration, and in this way morbid matter will be thrown out of the system. Fevers are prevented, as, for instance, if a person who is tired, either from labor of body or brain, takes a good bath and goes to bed, the bath will relax the system and promote sleep. In the morning he will feel fresh to begin a new day.

In the prodromal stages of fevers give a hot bath, a hot drink, a cathartic or emetic, whichever is indicated, put the patient to bed and cover up warm. This will abort the fever in nine cases out of ten. In spasms of children, especially stout, well-fed children, cold water poured on the neck over the medulla oblongata will stop the spasm; then if we can find the cause and remove it, the spasm will not return.

In the city of New York, during hot weather, there is much suffering among children. Physicians call it cholera infantum; others call it summer complaint. I have seen it in all stages, and have come to the conclusion that it is simply a nervous disease. It is seldom children of well-to-do people get it, simply on account of their being better cared for. The child should be bathed morning and evening, dressed loosely, kept in a cool room, and have fresh air. If fed on artificial food with a bottle, *two bottles* should be used, so that one is kept in water, cool and fresh, ready for use. Cow's milk and water is best. If the water is boiled first and let cool, it will be purer and sweeter. If the child is nursed at the mother's breast, as it should be, the mother should be clean, cool, and comfortable. I do not wish to be understood that simply bathing will prevent this disease, but it will help; for there is nothing to prevent cholera infantum in a crowded city, where a family of from five to ten people cook, sleep, and eat in two or three rooms. The mother works hard all day; if her babe cries, she gives it the breast, no matter how hot, dirty, or excited she may feel. The food, or so-called food, thus obtained, is worse than nothing, and, combined with a smell of tobacco, perhaps beer, and soap-suds from soiled clothing, the poor babe is receiving poison into its system. The result is irritation, fretfulness, diarrhea, languor, coma, and death. We can use water in the form of steam baths, hot or cold packs, or as ice. Ice to the head and heat to the body and extremities will cure delirium and mild forms of apoplexy. Hot-water packs will subdue inflammation and relieve congestion.

Some authorities recommend cold-water plunge-baths in the forming stages of fevers in robust persons; but I should not like to try them, as the shock to the nerves would be too great; and for the few seconds that the blood is forced back around the internal organs, and its return to the external surface, we cannot foresee what harm may be done to nerve centers. I think it best to use warm water first, and cool gradually, as the patient can stand it. But as hot water will answer all purposes in the form of a bath, I prefer the hot.

I had a case a few months ago of an old man who said he had been troubled with an itching all over his body. I gave him ℞ for *sapo mollis* (soft soap), with directions to rub well all over his skin, and wash off with hot water, and change his underclothing twice every week. I saw him the next week. He brought a friend of his for treatment. He stated that the ointment I gave him worked like magic, and cured an itch that had been troubling him for months. A few weeks after I gave the same ℞ to an Irishman. He said, "Doctor, I will have to use a wet cloth to rub off with, as I took a bath about twenty years ago, and it gave me such a cold I never dared to take another." Of course I told him the wet cloth and hard rubbing would be best in his case, but repeat two or three times a week, and change his clothing often. I could not help thinking what a surprise a bath would be to his skin, and wondering if he could exist if he was clean.

It seems as though we are creatures of habit. If parents would teach their children to use water in a proper manner, there would be less demand for stimulants or medicine. A child or older person will be better nourished on any kind of food or drink if in the habit of taking water before eating, from childhood. As the tissues of the body are built from a certain kind of material, each organ requires its own peculiar kind for its growth. As in case of a person in the habit of drinking alcoholic stimulants, or taking other drugs, he has a craving for that special article which nothing else will satisfy. Delirium tremens is caused by whisky, and whisky in small doses will cure it. So if we are taught to use water our bodies will require it.

Nature provides four great health-givers. They are free to all, rich and poor alike. They are: air, light, heat, and water. They are all free gifts, and yet some folks like dirt and darkness best.

THOUGHTS ON THE RATIONAL APPLICATION OF MEDICINE.

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BY H. T. WEBSTER, M. D.

THE rational application of remedies to diseased states involves a wide scope of study and embraces consideration of a great number of conditions and contingencies. So much at variance are some of these that in spite of many attempts no scheme has ever yet been devised by which a law, principle of cure, or system of procedure has covered the ground. Look where we will, we find that many of the most successful methods of treatment—knowledge of the most reliable means, has sprung from accidental discovery. Indeed, the most successful physician to-day is he who can bring to his aid in the management of disease the greatest number of thoroughly tried and proven bits of practice, which have originated oftentimes among the unlearned, and been adopted and collated later by medical writers without regard to systems or theories. Attempts to apply science to therapeutics have sadly miscarried more than once; an eminent illustration of this is the alkaline treatment adopted for rheumatism by the dominant school at one time since the recollection of the writer, because the blood of persons affected was believed to contain lactic acid in excess.

The rationalism of early medicine was long of the most primitive kind. There is a simple kind of rationalism in the use of an emetic to remove morbid accumulations from the stomach, and in the use of a cathartic to evacuate the bowels of irritating material, which, retained, would likely be provocative of diarrhea. There is certainly logic in the administration of a narcotic to relieve a patient from severe pain, until curative measures can be brought to bear, and in the use of a hypnotic to invite slumber when insomnia has distracted the nervous energies; or of a counter-irritant to invite an inflammatory action away from an important internal organ. But all this rationalism is so simple that the popular mind grasps the situation as readily as that of the learned practitioner. Such rationalism constitutes the a b c of medical practice and is as simple in its propositions as that of the removal of a splinter to relieve a festering sore. It consists in propositions for the removal of causes of disease, which are so prominent in their presence as to be unmistakable, or the paralyzing of a part that the patient may not be cognizant of a morbid presence, or the lulling of hyper-sensitive nerves through the charging of the blood with a lethal agent—simple propositions familiar to the ancients, though some of the agents employed may be new. If this practice constituted the sum total of mediical rationalism, the elaborate and laborious researches of the biologist might as well have been neglected. Such means are largely perverters or obstructors of function, and though they may indirectly serve as restoratives, the primary action should be dispensed with at as early a period as consistent with success.

When we enter upon the domain of dynamical therapeutics, we deal with a class of agents which directly and specifically influence vital processes. It is no roundabout action we are now considering; the function of dynamical agents is the direct influencing of abnormal processes in such a manner as to turn them into normal channels and bring about a return of physiological life. We here deal directly with the corrective and the restorative properties of drugs and their affinity for special parts of the body, and of these parts we must possess an intimate knowledge in order to make the application in a rational manner.

The idea of the entity of disease has been a stumbling-block in the study of therapeutics. Pathology has been investigated with tireless zeal for years, with the idea that knowledge thus acquired would enable the physician to apply the proper corrective means in similar cases of disease. But we should recollect that pathological processes are not subject to the same laws of constancy as those of healthy life. It is a biological principle that in health the efforts of nature are in the direction of special forms or types, and special functions, and these efforts are persistent through cycle after cycle of time, environment alone being able to impress important normal alterations, and these requiring ages for their full development. But pathological processes are vital processes running riot; the character of disturbance or the normal peculiarity of the part may impress the pathological elements with characteristics rendering them susceptible of classification, but there is no fidelity to fixed forms except in the influence that normal processes may still exert under the embarrassment of morbid surroundings. The successful correction of pathological conditions by therapeutic means then will depend upon the favorable influencing, not of the pathological condition but of the residue of normal energy that may remain. The sooner we can influence this element favorably after departure from health the more readily we may turn the deviated forces of normal life back into their proper channels and stay the gross results of abnormal deviation —pathological change. Evidently therapeutics could not be systematically applied to pathological states, for there would be no uniformity of condition for constancy of application or reliability of action.

A rational application of dynamical therapeutics must rest upon the foundation of biology, the science of life. Not that it must be expected to always prove a remedy upon the healthy person, in order to render its place in the materia medica definable, but the remedy applicable to each function of healthy life must be learned either by experimentation or by clinical experience, and when disease occurs, with deviation of that special function, the remedy which by its selective influence impresses the part or function favorably must be administered in doses just sufficiently large to exert a kindly restorative influence. Remedies hardly or never succeed in restoring a part completely after its histological elements have been transformed by disease, but its vitality may be improved or its functional activity augmented to subserve something like normal purposes.

It will be long before this scheme can be perfected. The mystery of vital force is not yet explained. The complexities of the nervous system—the location of centers of function, the bewildering maze of reflexes, the puzzle of ganglionic centers, and decussating fibers—the functions of the ductless glands, these and other problems must be solved before it can be hoped to establish a scientific system of therapeutics. Meanwhile the work of the past can be continued—the annotation of isolated facts, which may sometime serve as links in a completed chain of reliable data. Until then it may be best for medical men to regard the present knowledge of therapeutics in a candid light, thankful for what has been acquired, though the knowledge already possessed may seem but as glimpses into an endless field of treasure.

In adapting therapeutics to disease we cannot know too much of physiological life. Healthy life is the standard by which we measure disease, and vital processes are the object to be attained in the administration of remedies. With a case of disease before us, we first determine by careful examination and analysis the system, organ, part, or function deranged, then we select the remedy which we have learned will influence said function or part in a favorable manner, and administer in minute doses.

Do the best we may, there is more or less uncertainty about the practice of medicine. Careful grouping of agents according to the part or function impressed narrows the field of uncertainty down much short of older methods of gross empiricism, but not enough is yet known that a drug may always be correctly adapted to a given case on first trial. In order to overcome such disadvantage, a number of agents should be at command; we should be able to draw upon a list of remedies similar in action, but each possessing some individual merit and peculiarity; then if one should fail we are not at loss for other means. In the study of the tissue affinities of drugs, I will attempt to illustrate this point more fully.

Naturally in a general survey of therapeutics we essay those first which have relation to the fluids of the body. Older pathologists divided disease for study into disease of the fluids and disease of the solids. That any great advantage was derived therefrom remains a question; but from the fluids are built up the solid parts; the fluids are largely solid parts in process of preparation, and it therefore seems more like beginning at the foundation of the subject to begin with parts approaching the completed structure.

A knowledge of the chemical constituents of the blood affords little aid in acquiring a knowledge of its therapeutics. The one great stumbling-block of the profession for years was the idea that because the red corpuscles contain iron, anemic conditions demand the administration of that agent. Now we believe that the drug is of little if any value in anemia, and is capable of doing harm. It is a dietetic proposition that fatty food does not go to the production of fat in the body, but to entirely different purposes; and it is not probable that iron administered as a drug is ever taken up by the red corpuscles. The moiety normally present is elaborated from the food in such a manner as to defy the effort of art to supply its place. Rude as such revelations may seem to the orthodoxy of the past, they ought to carry with them valuable lessons. Within the mysterious laboratory of life, human reasoning is often set at naught. The lessons of nature are better guides than human logic in the interpretation of interstitial functions. We must be content sometimes to know that certain facts preponderate, without knowing why.

The red blood corpuscles are carriers of oxygen from the lungs to the tissues, and removers of carbon dioxide from the tissues, largely by way of the pulmonary mucous membrane. They subserve in these functions an important share of the interstitial changes which are carried on, and in the production of animal heat. But there is a certain balance between demand and supply that must not be disturbed. Acceleration of the circulation hurries these carriers to and fro with the result of more than the adequate supply of oxygen. The respiratory centers become excited and respiration keeps pace with the rapidly flowing blood stream, supplying more than the ordinary amount of air. The highly charged blood stimulates increased oxidation of tissue. Breaking down—retrograde metamorphosis—is out of proportion to assimilation, which must be embarrassed. Literal burning up of the tissues ensues, the cinders appearing in the urine as an abundant deposit of urates. Secretion, excretion, digestion, assimilation, tissue-building, cerebration, co-ordination, all become impaired; the temperature becomes elevated.

The tissue changes of pyrexia indicate some of the results of such an abnormal condition. These consist of diminished consistency and increased friability of the soft parts, which present a more or less swollen and opaque appearance. Cellular elements are found to be increased in size with protoplasm granular, the result of degenerative changes. Internal organs suffer most, for reason, probably, that they possess a relatively larger blood supply during arterial excitement than parts concerned more exclusively with the functions of animal life. The liver is enlarged, its tissues abnormally friable, paler than usual, and the cells are swollen, granular, and often contain fatty particles. Similar changes occur in the kidneys, the cells of the tubular epithelium presenting conditions similar to those observed in the liver cells. The general condition presented by the heart and lungs is similar to that observed in case of the liver and kidneys; the organs appear enlarged and edematous, while the normal color is replaced by opacity or pallor. Increased friability is also observable, the tissues giving way under the fingers more readily than when pyrexia has not been a factor in the mortality. The muscular fibers of the heart when subjected to microscopical examination.are found to have lost their striated appearance and become finely granular. The cells of the pulmonary epithelium are opaque, granular, fatty, and many of them are loosened from the basement membrane.

Such facts are suggestive. Too rapid oxidation seems to produce the mischief here, at least a rapid circulation with exalted temperature are the essential features of pyrexia, and to lessen these would appear to be the proper course in order to arrest tissue degeneration and conserve the vital forces. Experience has proven the deduction correct. Protracted fevers may be shortened and those susceptible of arrest ameliorated, by the use of agents specifically influencing the nervous centers governing the organs of circulation, until the average rate of temperature runs so near that of 98.6 as to almost abate the destructive effects of febrile action. This is brought about by a lessening of the rapidity of motion of the blood stream which bears the corpuscles on their rounds.

The older methods of controlling excitement of the circulation ignored specific agents. The action of diaphoretics was extolled highly on account of the cooling effects of surface evaporation. Diuretics as well as diaphoretics and cathartics, were believed to lessen febrile action by removing the *materies morbi*, upon which the excitement depended, from the blood; but the experience of late years has confirmed the majority of observing physicians in the use of the special arterial sedatives instead.

This class of agents forms a group by itself. They have been termed the arterial sedatives, though the heart arteries and capillaries doubtless are all influenced through the general action upon the vaso-motor nerve centers. Some act more specifically upon the heart, others upon the arteries, others upon the capillaries. A few of these are so pronounced in action as to merit mention. They are, first because best, when the green fluid preparation is employed, Jaborandi (pilocarpus pinnatus), Veratrum Viride, Gelsemium, Aconite, Rhus Tox. Belladonna is classed by some with the arterial sedatives, but it is strictly a capillary stimulant, increasing the contractility of the muscular walls of the capillaries and coming into use in opposite conditions from those demanding arterial sedatives. However, there is something of a relationship, for the vaso-moter centers are influenced by this drug, as well as by the arterial sedatives, in all probability.

In the use of this class of agents rational consideration of the peculiarities of each case is essential to their correct application. In sthenia, or that condition in which there is active display of the vital processes, as evidenced by strength of pulse and other vigorous reactive symptoms, Jaborandi, Veratrum and Gelsemium are the typical remedies. Where there is evidence of asthenia, or feeble reactive force, Aconite, Rhus Tox. and Belladonna are more especially applicable. Still no line of demarkation between these agents can properly be made, for Jaborandi, Veratrum and Gelsemium are often excellent remedies in asthenic conditions. The most important consideration is that of dose and of time required to bring an excited state of the circulation under control. If a marked change in case of a continued fever is made in twenty-four hours it ought to satisfy the most exacting person; gradual alteration of abnormal processes is safer than a sudden interruption, for in the latter case important vital qualities may be damaged. The small dose and gradual influence brings about the most favorable results, insensibly perhaps, but effectively, when due consideration for all the important principles involved is taken into account.

Disturbance of the circulation in special organs also is productive of serious results, and a condition that may be made a fruitful source of study, though with the present status of knowledge this study must be largely of an abstract nature. It is no new fact that injury to the base of the brain is liable to result in serious functional disturbance of internal organs. Diabetes is notably a disease liable to be produced by injuries of this character, and this fact was recognized before it was known that the vaso-motor centers of the liver and kidneys were located in the medulla oblongata. Later investigations have proven that diabetes mellitus results from irritation of the vaso-motor center of the liver, and that diabetes insipidus ensues from irritation of the vaso-motor center of the kidneys.

Such facts lead to important deductions. The cause of a disease may be distant from the organ affected and the proper remedy may be one affecting the location where the existing cause is at work. Syzygium Jambolanum is the only remedy which has positively been known to lessen the amount of sugar in diabetic urine. Does it act by relieving irritation of the vaso-motor center of the liver in the floor of the fourth ventricle? or does it specifically influence the cells of the liver concerned in the glycogenic function?

We have seen that important changes occur in the tissues as the result of an abnormal acceleration of the blood stream, but the restoration of a normal circulation may not be all required to restore affected parts to health. The circulation exerts a relative influence upon tissue integrity, but in the cells of all tissues resides an individuality not completely reached by the influence of the circulation. Every cell possesses within itself, independent of all its surroundings, the attributes of nutrition and function. The capillaries bear nutriment to the tissues, but the cellular elements must possess the individuality of action to appropriate it and carry on tissue life. Two lines of thought then suggest themselves in the study of dynamical therapeutics, the one in the direction of good blood properly distributed, and the other in the line of proper vitality of the individual cells or tissues; and two distinct classes of agents are demanded: One to influence wrongs of the circulation, and another, which, though they must reach the affected parts through the circulation, impress the cellular elements specifically. And while these two lines of reasoning do not include the important considerations of all diseases, they are the important ones in the wide range of cases coming under the restorative influence of dynamical therapeutics.

Blood-making is an indispensable source of every function, and upon it depends the foundation of every structure. If we could know all the secrets of this process, and were able to adapt remedies to them with the certainty that we adapt phytolacca to the mammary gland in mastitis, collinsonia to the rectum in hemorrhoids, or polymnia to the spleen in chronic splenitis, we would hold in abeyance many intractable forms of disease. But in the absence of positive knowledge we can only speculate, and though certain premises may seem to warrant some very positive conclusions, they are not yet indorsed by the acquiescence of physiologists.

The blood consists of solid and fluid elements. The red copuscles are probably just as properly completed solid structures as the cells of muscle or connective tissue; they have undergone a period of birth and growth, and they have their stated time for death. The white corpuscles probably represent an embryonic state of the red copuscles. The fluid portion of the blood is a general stream, which serves to float the corpuscles on their rounds, which contains nutritive material in process of elaboration, nutritive material perfected, the elements of tissue decay on the way to exit, besides extraneous matters incidental to various vicissitudes. The plasma is supplied by alimentation through the portal circulation on the one hand, and through the lacteals on the other, the pabulum reaching the general circulation from the portal, after being more or less elaborated by the liver, and from the lacteals after the impressions of the mesenteric glands have been made.

These primary impressions are essential in order that the elements of food may be kindly received. If faulty glandular action permits food products to enter the blood in too raw a state, an effort is at once made by the emunctories to remove them as extraneous matter. But it is hardly probable that this new material is fitted to the important demands of the delicate operations of secretion and nutrition immediately upon introduction into the general stream. The anatomy and general functions of the lymphatic system suggest that it is exuded by the capillaries of the general circulation and returned to the blood stream through the lymphatic system, the succession of glands traversed serving as a series of scaffoldings by which it is raised to a higher level of excellence as a means of body maintenance. Possibly several rounds of this character may be necessary to fit the blood plasma for its offices as a storehouse for the needs of the structure and functions of human life. Much then must depend upon a normal functional activity of the lympathic system. This has been recognized as a correct proposition by therapeutists for a long time, and the class of remedies supposed to favorably influence the functions of the lymphatics has been regarded as an important collection of remedial agents. However, little progress has really been made beyond a vague idea that the class known as alteratives produces some favorable influence upon the lymphatic system in scrofula and syphilis.

Some authors stop short of this point in their ideas of good blood-making, and propose to influence the entire process by the impression made by drugs upon the digestive functions. Good digestion is certainly important to assimilation, but the majority of cases of dyspepsia depend more upon faulty action of those organs which elaborate the nutritive elements of the food after they have left the alimentary canal than upon lack of digestive power. They are the results of that backward wave which might be likened to a smoking fire-place, due to an obstructed flue. With the blood-making processes in good action functional dyspepsia can hardly exist, though we must recollect that local causes are often at work in faulty digestion, these cases being the exception, however, rather than the rule.

(*To be continued.*)

CORRESPONDENCE.

DIAGNOSIS WANTED.

EDITOR CALIFORNIA MEDICAL JOURNAL: I wish to present a, to me, very peculiar case, and ask you, or some of the many readers of our JOURNAL, for light.—Infant, male, aged six weeks. First child, parents healthy and family history good. Was called August 11 and found my little patient sleeping; was somewhat startled at its appearance, as it was without a doubt the yellowest child I ever saw, and was told it had been so from birth. Contact with its skin would stain a white handkerchief. Bowels swollen and superficial veins of abdomen very full and prominent. Slightly sensitive to the touch. Stools natural in consistency, but of a greenish yellow color. Child appeared to be fairly well nourished. Would sleep for half or three-quarters of an hour, wake up fretting, nurse, then vomit and go to sleep again. *No fever.* The vomited matter at first appeared to be natural, sweet, and no curds, but kept getting a little darker in color. Under the use of few simple remedies and warm applications the bowels went down until they appeared natural, but the vomiting continued to get darker in color, until at the end of the second day, when the stools partook of the same nature as the vomit, and it died.

I examined the ejected matter, and, as near as I could describe it, without the use of a microscope it looked like strong black coffee or chocolate.

I will not tell you what my treatment was at this time, but will reserve it for my next letter, but tell me where and what the trouble was. Respectfully yours, C. S. CLARK, M. D.

Arroyo Grande, August 21, 1888.

THE Nineteenth Annual Meeting of the National Eclectic Medical Association is to be held at Nashville, Tennessee, June 18, 19, and 20, 1889. Doctor W. H. Halbert, of Lebanon, President; George M. Hite, of Nashville, Treasurer, and F. H. Fisk, Secretary of the Tennessee State Eclectic Medical Society, are acting as the local committee. All letters of inquiry, etc., should be directed to Dr. Fisk.

The place of meeting will be the Watkins Institute, the hall of which is said to have a good auditorium, and to be protected from the noise of the streets. The headquarters are to be at the Maxwell House, where members, and those with them, will be entertained at $2.00 per day. The Nicholson House, also an excellent caravansary, will receive guests at $1.50. All these places are on Church Street, near the State Capitol, and easily accessible to the railway station. Nashville abounds in places of historic interest, the "Hermitage," the home of Mrs. President Polk, being of the number.

The Executive Committee, as will be perceived, have advanced the day of meeting from Wednesday to Tuesday. This will enable those anxious to reach home before Monday to do so without being compelled to cut short their attendance, and will tend to remove a world of annoyance. It is probable that the Passenger Associations will upon application grant the courtesy of reduced fare with the usual liberality.

The officers of the National Eclectic Medical Association, as elected at Detroit, are as follows: President, Prof. Milton Jay, M. D., 126 State Street, Chicago, Illinois; Vice-Presidents, Prof. V. A. Baker, M. D., Adrian, Michigan; J. W. Migrath, M. D., Macon, Georgia; Wm. A. Montgomery, M. D., Newbern, Tennessee; Secretary, Alexander Wilder, M. D., 515 Orange Street, Newark, New Jersey; Treasurer, James Anton, M. D., Lebanon, Ohio.

ALEXANDER WILDER, M. D.

SELECTIONS.

FALLACIES IN URINARY ANALYSIS, ILLUSTRATED BY CASES FROM PRACTICE.

1. It is a fallacy to rely on the specific gravity of urine as an *absolute* guide in seeking information as to the quantity of solids. The specific gravity of urine is purely *relative* and depends on the ratio of solids to fluid in the urine. Normal urine is in specific gravity from 1015 to 1025, but all urine of this range of gravity is not normal, nor does it necessarily contain a normal amount of solids or of urea. Moreover, urine of specific gravity not within the limits of 1015 to 1025 may contain a normal quantity of solids.

The explanation is to be sought for in the *quantity of urine* voided in twenty-four hours. If about three pints, the gravity will range from 1015 to 1025. Suppose now that, the solids remaining the same, the fluid is increased to *five* pints; it is readily seen that the specific gravity will be lowered. Conversely, suppose the solids to remain the same and the quantity of fluid to decrease to *one* pint; it is plain that the specific gravity will be raised. Several specimens which have come under my observation will serve as illustrations, and show the necessity of knowledge of the total quantity in twenty-four hours.

Case I.—Specific gravity, 1010. Urine is slightly albuminous and in color pale. Would suggest cirrhosis of kidney. But there are no casts whatever, and no symptoms of kidney disease. The total quantity of twenty-four hours' urine threw new light on this case. It was seven pints, or about 3200 c. c., containing 64 grammes of solids and 25 grammes of urea. The patient being a female of light weight, the solids and urea were not *below* normal in quantity, and from the history of the case a diagnosis of *diabetes insipidus* was given in spite of the albumin present.

Case II.—Specific gravity, 1033. One would suppose an increased quantity of solids present, but the twenty-four hours' urine was only 17 fluidounces, and showed but 33 grammes of total solids, the normal range being 55 to 75 in an adult man.

CASE III.—Specific gravity, 1022. Urine contained pus. The case was apparently one of cystitis, but the twenty-four hours' urine was in quantity but 20 *fluidounces*, the solids 26 *grammes* and the urea but 10 *grammes*, so that, although no casts, etc., could be found, owing to the quantity of pus, I felt warranted in giving a guarded prognosis and in predicting uremic convulsions.

2. It follows as a corollary from fallacy 1, that it is a fallacy to rely on *percentages*, as, for example, of urea. The normal percentage of urea is stated to be 2½ to 3. This, like the range of specific gravity, is based on a twenty-four hours' quantity of about three pints. A low percentage of urea may be found when the twenty-four hours' *total quantity* of urea is normal, and a high percentage when the total quantity of urea is actually below normal, the whole depending on the quantity of urine voided in twenty-four hours.

CASE I.—Same as case 1, in fallacy 1. Percentage of urea, ¾ of one per cent only. But total quantity of urea 25 grammes and not below normal, seven pints of urine being voided.

CASE II.—Urea 3½ per cent, that is, *full normal percentage* or above it, if 3 per cent be taken as limit. Total quantity of urea, however, but 17 grammes or considerably *below normal.*

It follows that, in estimating urea, the total quantity of the twenty-four hours' urine should be known and the *total quantity of urea* estimated. It is advisable to obtain the weight of the patient and make a calculation as to how many grammes of urea he ought to void in twenty-four hours. For those not over 160 pounds in weight about 0.25 gramme of urea to the pound may be reckoned as normal. For example, a man weighing 150 pounds would normally void, on an average, 150 times 0.25 gramme of urea, or 37½ grammes. Any such figures as 20, 15, or 10 grammes of urea in such a patient's urine, especially if the latter is albuminous, should direct our attention to the presence of kidney disease, even if casts cannot be found in abundance.

The following case of cirrhosis of the kidney will illustrate the decrease of urea in this affection:—

Normal amount of urea proportionate to patient's weight, 35 grammes.

Amount found at first estimation, 21 grammes.
" " second " 20 "
" " third " 19 "
" " fourth " 18 "

3. It is a fallacy to suppose that, because tube-casts are not found in urine, no renal lesion exists; and, conversely, it is a fallacy to suppose that, because tube-casts are found in the urine, incurable organic disease of the kidney necessarily exists.

Tube-casts are seldom found in alkaline urine, no matter what renal lesion is present. In such cases I rely on the history of the case in connection with the amount of albumin and the total quantity of solids and urine for twenty-four hours. It is not always possible in such cases to arrive at the total quantity of urea, owing to part of it being converted into ammonium carbonate already in the alkaline urine by the time the twenty-four hours are up. Care should be taken to make the estimations as soon after the urine is voided as possible.

Case I.—Urine alkaline and full of pus. Quantity in twenty-four hours barely 20 fluidounces, total solids 26 grammes only, albumin heavy. Old urinary case, beginning with cystitis. I decided it to be now a renal case, though no tube-casts whatever could be found. Death from pyelo-nephritis likely. It is known that in these cases the cystitis often goes on to pyelo-cystitis, cysto-pyelitis, and finally to pyelo-nephritis, when death from uremia closes the scene.

Case II.—This did not come under my own observation, but is one where Dr. E. S. Wood made the analysis; the case was one of acute rheumatism where salicylic acid and salicylates had been given in abundance; urine was albuminous and contained hyaline and finely granular casts with blood and renal epithelium in the sediment. Casts and albumin entirely disappeared and the urine always contained not less than normal solids and urea, and no chronic disease of kidney developed.

Case III.—This one came under my own observation and was followed with estimations up to the death of the patient from uremia. Urine when first examined contained so much blood that few or no casts could be found. But the twenty-four hours' quantity was less than normal, the solids below normal, the urea below normal, and albumin fairly abundant, and I reasoned therefore, although there were few symptoms of kidney trouble, that such nevertheless existed, and full proof was afforded by subsequent developments. The urea fell to five grammes in twenty-four hours just before death.

In looking for tube-casts, especially hyaline ones, it is advisable to stain the sediment with carmine in order to avoid mistaking mucous casts found in abundance in albuminous urine from the genuine hyaline article. Hyaline casts are stained, at least faintly, by carmine, often brightly, but mucous casts not at all. After passing the sediment through a series of V-shaped collectors, I finally add two drops of carmine solution and let settle again in a tube provided with a glass stopcock before examination with the microscope.

4. It is a fallacy to think that *turbid* urine is free from albumin because the ordinary tests do not discover any. This fallacy is seldom indulged in by those having experience with urine-testing, and, perhaps, is hardly worth mentioning; but one case has come under my observation where albumin was easily found when properly looked for, but not found at all unless certain precautions were taken. It was a case in which the urine was slightly alkaline and generally turbid, with but little sediment. On filtering it became noticeably clearer, but not clear enough to show a haze of coagulated albumin. It was then boiled with one-fourth its volume of liquor potassa, filtered, cautiously neutralized with acetic acid, until litmus showed a faint red, then tested in the ordinary way for albumin. A clear, distinct and sharply-defined zone was obtained with the cold nitric acid, verified by heat. Albumin was present and in quantity more than a mere trace.

5. It is a fallacy to suppose that, because the urine is normal, nothing is the matter at all with the urinary tract. *Post mortems* often show hydro-nephrosis (especially in women who have had uterine troubles) when during life no sign of the disorder was noticed. Renal calculus may not betray itself in the urine; the latter *at times* may be perfectly clear and normal but at other times purulent.

I have seen one case where a mulberry calculus was passed, the only indication before the colic being octahedral calcium oxalate crystals (not dumb-bells, which are well-known to be microscopic calculi). In cases where there is persistent and unaccountable pain in the lower extremities, as in the foot or heel, a renal calculus may be suspected, and the pain accounted for as being *reflected renal pain.* The pain of renal calculus is sometimes felt in the bladder, and, no cystitis existing, the physician may be puzzled to account for it.

6. It is a fallacy to suppose that urine contains sugar because boiled with Fehling's test liquid it yields a precipitate. Fehling's liquid should always be boiled before being used as a test for sugar, for often merely boiling it will make it turbid and reduce it; in such cases a new sample should be made up.

In cases of importance, I rely on the fermentation test, not as usually performed, but where *three* tubes are used for purposes of comparison—one tube to contain the suspected urine and yeast, another water and yeast, and a third solution of glucose and yeast. If gas is evolved in the *first* and *third* tube, but not in the second, barring a mere bubble, the suspected urine contains sugar. A mere trace of sugar is, however, of doubtful clinical significance. —*Clifford Mitchell, M. D.*

THE EXTERNAL APPLICATION OF SULPHUR IN SCIATIC NEURALGIA.

Sulphurous baths, natural and artificial, have been in vogue for a long time, in the treatment of rheumatism and neuralgia. The external application of the flowers of sulphur, however, in the treatment of sciatica, although its therapy, on second thought from our previous knowledge of the action of sulphur, would seem rational enough, has but recently been tried.

In the *Therapeutic Gazette*, for April, 1888, will be found an article on "The External Application of Sulphur in Sciatic Neuralgia." In confirmation of what is therein stated, I beg leave to report to this society the following case, which recently came under my observation:—

J. R., age 45, weighing 187 pounds, an Irishman of sanguine temperament and strong constitution, in robust health up to the time of this attack; saloon keeper by occupation; "very happy" in his calling and "cheerfully waited on his customers." For two months before I was called to see him, he had been an almost constant sufferer from sciatic neuralgia. He finally became unable to walk about, took to his bed, and, to use his own language at the time I first saw him: "I am suffering the tortures of the damned, and am not able to sit, stand or lie." He had a haggard, worn look, and his condition was indeed pitiable in the extreme. For some four weeks the usual remedies for neuralgia were tried, with indifferent results, until finally, in addition to the usual treatment, it took morph. sulph. gr. ss., atropia sulph. gr. $\frac{1}{60}$, hypodermically, twice or three times in the twenty-four hours, to give him even temporary relief from his horrible suffering. At the end of this time I called one morning and found him in agony, writhing in torture, and completely discouraged. He begged most piteously for the hypodermic injection, and said he would die. I told him I would give him no more hypodermics and no more medicine, but would bury him in sulphur instead. He then said: "My God! doctor, I will die before night if I don't get relief." I told him that if the sulphur did not relieve him he would have to die, as that would be the only treatment for the next twenty-four hours.

The limb was accordingly enveloped in the dry sulphur. In less than two hours he was sweating profusely, sleeping soundly, and oblivious to all pain and suffering. He woke up in the evening long enough to take some nourishment, and then fell asleep and slept continuously during the following night, the perspiration continuing, and awoke in the morning free from pain, able to turn over in bed, and move and extend the limb in all directions without complaint. The look of suffering that had been so marked before the application of the sulphur, was gone. He then got up, and, to his great surprise, walked easily about the room without suffering or pain. He was then put into a large wash-tub, thoroughly scrubbed and washed with soap and water, after which, at his own request, he was again put to bed and the sulphur re-applied to the limb and sacral region of the spine. The next morning he was given another bath, the neuralgia had disappeared, and from that time on, without further medication, his recovery was continuous, and, so far as the pain is concerned, up to this writing is complete.

For a few days after discontinuing the sulphur, he suffered from sleeplessness and nervous prostration, but the further progress of the case towards recovery was left to the *vis medicatrix naturæ.*

The perspiration, the breath and urine, after the application of the sulphur, were very soon impregnated with sulphuretted hydrogen, making it very disagreeable for the patient and his attendants on that account. The rapid absorption of sulphur, as shown by the profuse perspiration, perfumed breath, etc., and the speedy relief which followed its application, would seem to point to a specific action of the remedy.

On April 30, some two weeks after the above report was written, the patient had a relapse, caused by sleeping in a draft between two open windows, and the sulphur had to be re-applied. The same happy effect, entire relief from pain, followed as quickly and promptly as it did on the first application of the remedy.

On May 10, in consequence of his anæmic condition, caused by his long sickness, I put him on 20-drop doses of the tincture of iron four times a day, since which time he has rapidly gained in health and is now entirely free from his neuralgia.

"There is a pleasure in the pathless woods" of speculative medical philosophy, "a rapture on the lonely shores" of the imagination of the disconcerted doctor, known only to certain medical minds so formed as to be ever open to the reception of theoretical ideas and impressions for the relief of suffering humanity. It may yet prove to be a most happy conception, freighted with relief for suffering mortals, which suggested to the imagination of the enthusiastic, speculative medical philosopher the idea of applying sulphur externally in sciatic neuralgia, so quickly and speedily does entire relief from horrible suffering follow its application.—*J. D. Cowden, M. D., in Peoria Medical Monthly.*

HOSPITAL REPORTS.—AMPUTATION OF BREASTS.

THREE consecutive amputations of the breasts of as many different women, at the Springfield hospital, with complete recovery in each case, within nine days of the day of amputation, without suppuration, constitute a somewhat notable surgical achievement.

Those who are acquainted with my way of amputation of the breast know that there is a considerable portion of the pectoral and axillary region which is dissected with the finger and flaying instrument. I aim to remove the mammary gland entire, and to this end the knife or other cutting instrument is never used after the elliptical incision is made through the skin, extending from the axilla downward to the lower edge of the breast, so as to give room for complete removal by enucleation. A linear cut is extended into the axilla for the purpose of removal of enlarged and indurated axillary glands.

The traumatic surface, after the removal of a breast as above described, is of no slight importance, and to have the wound heal kindly without suppuration is an end devoutly to be wished. Members of the National Medical Association will remember that for years my voice has been raised against all the frivolities of Listerism, yet in favor of aseptic surgery. The remarkable results attained in several recent surgical operations is my excuse for offering at this time my way of dealing with wounds presenting extensive raw surfaces.

After all bleeding points have received attention, and veins inclined to leak are secured, the sponge, with clean hot water being freely used until all blood-clots and loose pieces of tissue are removed, a dry sponge is at last used to sop up and make perfectly clean the traumatic surface, and the wound is then dressed with P. & W.'s fine crystals of iodoform, placed in an ordinary pepper-box, and dusted lightly over the entire wound, touching all surgical surfaces. This procedure makes perfectly dry the tissues, and perhaps does other good; at any rate, it does no harm. If, in closing the wound, a pocket is made at any point, a puncture of the skin with the knife, and the insertion of a small rubber drainage-tube, is the next thing in order.

All wounds needing sutures are closed with the "over and over" continuous stitch, which closely approximates the lips of the chasm, and firmly holds them in juxtaposition. The sutured surface is then made dry, and a free dusting of iodoform is made around the lips and on the stitches, over which a dressing of absorbent cotton is placed, followed by lint-cloth and bandages. The wound is to be examined from day to day, and in case of any discharge being observed on the absorbent cotton, the dressing is removed, the surface again sprinkled with iodoform, and fresh absorbent cotton replaced, and the wound again closed.

The stitches are allowed to remain till the ninth day, when they are carefully removed, and the wound will be healed. No traumatic fever, no chill, no pain, no loss of appetite or sleep, is the rule.

In very extensive wounds, with the free use of iodoform, occasionally a manifestation of iodoform poisoning takes place, followed by pain in the small of the back, a scanty secretion of the kidneys, and an offensive smell to the urine. In severe cases there may be slight delirium, which passes off in a short time without treatment, or speedily when followed by a free purgation with Rochelle salts.

CASE I.—Mrs. Livingston, aged 40 years, was admitted to the Springfield city hospital, June 25, with a very marked carcinoma of the left breast, involving the axillary glands, which were considerably enlarged. An incision nine inches in length was made, extending from the axilla downward lengthwise of the fibers of the pectoralis major muscle. The skin was dissected back with the spud or flaying instrument, until the whole of the mammary gland was exposed, also upward into the axillary space. The removal of the breast was commenced from below, and pulling upward was removed entire, leaving the pectoral muscle as clean as a piece of beef-steak. The axillary glands were removed, and the cleansing of the wound commenced, as already directed. This method of amputation of the breast gives very little hemorrhage. The traumatic surfaces are neatly cleansed, as above described, and then powdered with iodoform. In closing the wound, the suturing was commenced from above, and stitched over and over to its lower angle. A drainage-tube, reaching from the axilla to the base of the wound, and pushed downward to the lower edge of the line of sutures, so as to allow the lips of the wound to hug nicely against the clean pectoral muscle, was fixed in place. This tube was removed on the morning of the second day, and the wound nicely powdered with iodoform at the exit of the drainage-tube. No pus was seen during the entire healing process. Mrs. L. made a complete recovery within nine days, and returned to her home on the morning of the tenth day. No adhesive plaster is used in the dressing of wounds.

CASE II.—Miss Harris, aged 25, had noticed a lump in the left breast near the nipple for about six months. For the last three months severe pain had been suffered, extending into the axilla, with enlargement of glands and redness and tenderness over the nodulated mass in the breast. The entire breast, with axillary glands, was removed July 10, and the patient made a recovery within nine days, and was discharged cured. She never complained of pain, loss of sleep or appetite. There was no rise of temperature of the body, and not a drop of pus secreted.

CASE III.—Mrs. Enock, aged 45, came in from the country to the hospital to have the breast amputated. There was a hardened mass in the breast the size of the fist, and enlarged axillary glands. The diseased breast was first noticed something over a year ago, and had become so painful as to almost destroy the use of the arm, which was somewhat swollen from impaction in the axilla. The breast was large, and the malignant growth showed ulcerative action.

A linear incision was made from the middle of the axilla to the upper edge of the diseased mass, and an elliptical cut extended to the inferior part of the breast. The diseased mass and axillary were removed. The wound was closed as above described, and dressed with the iodoform crystals. Recovery was made within the specified nine days, and the case discharged from the hospital.

I do not claim that I have in this way cured cancer, but I have removed carcinomatous masses, and sealed the wounds, so that they healed without suppuration. I have given the patients another and better chance to live, and for the present have rolled back the impending danger. The points of value in this contribution are as follows: The peeling of the breast and glands from their connections removes the morbid mass with the least hemorrhage. The thorough cleansing and drainage, with the iodoform crystals, bring about the healing process with the least amount of danger to the patient and annoyance to the surgeon.—*L. E. Russell, M. D., in Eclectic Medical Journal.*

CORALLORHIZA ODONTORHIZA.

WHILE using this remedy for its diaphoretic properties, on Mrs. C., who was suffering with an attack of dry bronchial irritation, with tightness across the chest, wheezing, and severe paroxysms of irritable coughing, I prescribed a tea made from the root, taking of the root one-half ounce to the gallon of water. Let stand and steep two hours, being careful to not let it boil. Of this I directed Mrs. C. to drink freely. In a few hours she was perspiring freely. With this the wheezing and cough left her, and she had a quiet night's rest. She said, on my arrival the next day, that she was surprised when she awoke in the morning, to find that she could breathe free and easy, voice clear, tightness and cough all gone. I must confess I was somewhat surprised myself, for I had wrestled with the same case before, using drosera, lobelia, and ipecac, with unsatisfactory results. The tea was continued for three months—bronchial disease cured.

The next case was a gentleman of consumptive parents. He began to cough, and lost strength and flesh rapidly. Cod-liver oil and other compounds of nastiness soon found their way into his stomach with the usual results. He was persuaded to try the crawley tea as a drink, and in a week his skin became soft and moist, appetite more regular, cough grew lighter, and in four months he was able to attend to his business. One year has elapsed; there are now no symptoms of consumption.

A third case was a lady with enlarged thyroid gland, also some bronchial irritation. I prescribed the tea to be used as a drink. In two months the gland was reduced to its normal size, bronchial irritation gone, and the patient cured. All done with the crawley-root tea.—*E. W. Schooley, M. D., in Eclectic Medical Journal.*

A LOCAL TREATMENT FOR VAGINISMUS AND VAGINITIS.

As it is my purpose to give only a local medical treatment for the diseases I have mentioned, I do not think it is necessary to go into the pathology of them or to mention all the causes that may produce them.

Vaginismus, as you all know, consists of a hyperesthesia of the nerves supplying the mucous membrane and muscles of the vagina, and its orifice, which upon being irritated produces a spasmodic contraction of the sphincter and other vaginal muscles. This condition may be due to functional or local causes, more often the latter.

Vaginitis is an inflammation of the lining membrane of the vagina, and it may be of a specific or a non-specific character. This disease is often connected with vaginismus.

In the treatment of these troubles the first step is to remove the cause, if this be possible.

In vaginismus you are aware that it is not easy to introduce a speculum, or even the finger into the vagina, without considerable pain to the patient.

My method of proceeding in these cases is to place the patient on her back, the pelvis somewhat elevated, and the knees flexed. I either introduce a bivalvular or a small cylindrical speculum; I prefer the former as, on account of its flatness, it is easier introduced. Before introducing it, however, I lubricate it with vaseline, and then take a camel's hair brush and apply a four-per-cent solution of cocaine both to the speculum and to the orifice. I then introduce the speculum into the vagina and very gently open the blades. By this means I give the patient very little pain. After placing a small roll of cotton beneath the speculum, across the perineum, I pour into the vagina, through the speculum, a solution composed of sulphate of zinc one or two grains, chloral hydrate five grains, water and glycerine of each four drachms. I wait several minutes and then withdraw the speculum slowly but not completely out of the vagina.

As I withdraw the speculum, the walls of the vagina come together and the solution touches every portion of the mucous membrane. I now push the speculum back again, and introduce a small cotton tampon with a string tied to it, pushing it back with a long dressing forceps, at the same time withdrawing the speculum.

The tampon will absorb that part of the solution which remains in the vagina and that which escapes will be absorbed by the cotton on the perineum. I now place a piece of cotton between the labia, apply a bandage, and the operation is completed.

I let my patient remove the cotton and withdraw the tampon in from four to six hours afterward.

I repeat this treatment three or four times a week. After the first treatment I have no need for the cocaine, as the finger or speculum can be introduced without giving much pain.

In vaginitis I proceed in the same way except I do not use the cocaine solution.

In vaginitis the choral acts as an anesthetic to the mucous membrane and vaginal muscles.

Between visits I have my patient to use vaginal douches of hot water with a little borax added to it.

By this treatment I have secured excellent results and my patients and their husbands (if they had any) appreciated it very much in vaginismus.—*N. Guhman, M. D., in Weekly Medical Review.*

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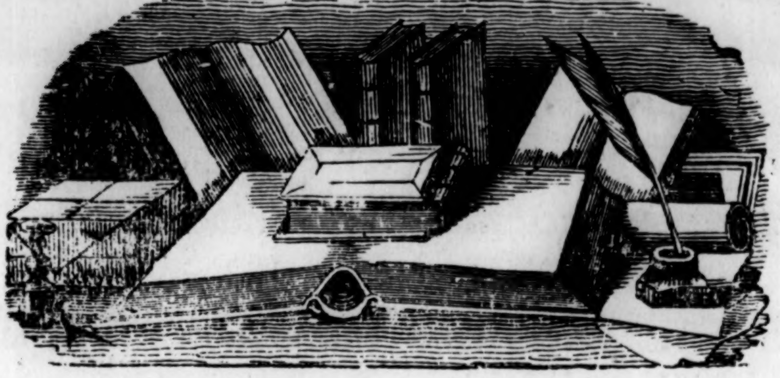

EDITORIAL.

Diphtheria.—This disease has been uncommonly severe in some portions of Oakland within the past two months, and in several instances all the children in a family have died from its effects. Some physicians speak lightly of it, and assure their patrons that there is no danger from it, as they have never lost a case; but such ones have never probably had experience with genuine diphtheria. It is not an uncommon act for the physician to pronounce any case exhibiting an exudate "diphtheria."

There is a malignancy about genuine diphtheria, however, that is startling to the unsophisticated person. Suppose the desperate conditions dependent upon laryngeal exudation have been overcome, and the throat and mucous membranes generally have been cleared; even then the patient is liable to die suddenly from heart failure, the result of the influence of the poison on the nerve centers, or perhaps of the tissue changes which have resulted in the cardiac structures. We have recently been treating a case which apparently recovered, and in a few days after the exudate disappeared began to sit up and crave food voraciously. Suddenly he was seized with a fit of postration; there was dyspnœa, faintness, blueness of the lips, delirium, and other symptoms of cyanosis, and it seemed for a few hours as if the patient would succumb speedily; but with stimulants properly applied, and rest in the recumbent position, he seemed almost as well on the following day as before the relapse.

The fumes of burning sulphur, inhalations of lime-water, pepsin, papayotin, and peroxide of hydrogen, may be named among the means recommended for relief when asphyxia is threatened from blocking of the laryngeal chink with exudate. Ten drops of bromine in a teacup of hot water, the steam to be inhaled, is another efficacious prescription for such cases.

Intubation of the larynx may be resorted to if such measures fail, or tracheotomy, though all fresh wounds should be avoided as much as possible, as they offer a favorite seat for the location of fresh exudate.

We are not prepossessed with the action of alcoholic stimulants in the prostration of diphtheria. This plan of medication has the recommendation of being popular; but outside of this, we cannot commend it. Schussler's tissue remedy, potassium phos. 3x will serve a better purpose. True, if temporary stimulation be desirable, brandy or whisky will act more quickly; but as a permanent remedy to bridge over the general prostrating effects of the disease and fortify the nerve centers, this will prove more satisfactory. Phytolacca is a splendid remedy in follicular tonsillitis, and in pharyngitis, but it is worthless in diphtheria.

The practice of applying a blister over the upper portion of the sternum early in the disease, to invite the location of the exudate upon the abraded surface, offers some rational promise of lessening the local dangers, and it has the merit of being harmless, or comparatively so. Cases are on record where an amputated stump has been the seat of the exudation, and the subject has been the only one to recover among several others affected in the same house. One thing we have observed, and that is, a blister made upon a diphtheric patient is excessively painful and prone to extensive suppuration.

We have not fixed upon any treatment for diphtheria. We have little faith in any measures yet laid down, in the worst cases. Diphtheria is a disease of intensely malignant tendencies, a fungus of almost irresistible vitality. Ephraim Cutter, M. D., who has given mophological forms of disease special study, states that a portion of diphtheric membrane removed from the uvula of his favorite daughter after death, exhibited active signs of life three years afterward, when placed under the microscope, it having in the interim been kept in strong carbolic acid. If our investigator has made no mistake, the vitality of the diphtheritic germ, *mucor malignans*, is terrifying to contemplate.

A bad case of diphtheria in a scrofulous child is almost certainly fatal, in spite of the best treatment ever originated. This is our belief. We would not, however, discourage anyone from making every effort possible for the saving of life in the worst cases. Friends are sensitive, and an outward show of zeal, even though there be not the least hope, confirms their faith in the attending physician; but it is often a vain struggle against hopeless probabilities.

"The Collective Investigation of Diphtheria," published by Geo. S. Davis, of Detroit, is an interesting work to peruse in the consideration of this subject, and we would advise our readers to procure and read it through. It contains some novel methods of treatment, some of them heroic in the extreme, but none so heroic that we would hesitate to employ it in a bad case of this disease if it offered any hope.

Our best success has been achieved by following the plan laid down by Schussler; but since beginning this we have had but one desperate case, and this died. The plan consists in the use of potassium chloride 3x for its general action on the mucous membranes, sodium chloride 3x where vomiting of watery material is a prominent symptom, and potassium phosphate 3x where the odor of the breath is offensive, or where there is marked nervous prostration. Locally, in addition to these constitutional measures, we would apply a fly blister three or four inches square to the chest, over the upper extremity of the sternum, not making any special effort to heal after vesication, but rather encouraging irritation of the part. It has seemed to us that in proportion as this becomes a source of complaint the glandular enlargement and general tumefaction of the throat become modified.

This treatment should not interfere with local medication, when blocking of the air passages seems imminent. Here inhalations, swabbing, if the patient is tractable, and finally intubation may be tried in the event of threatened asphyxia.

Convalescence must be conducted judiciously. The recumbent posture should be maintained to a late period, over-feeding should be avoided, and warm flannel underclothing should be worn, to avoid cold, that a relapse may not thus be invited.

We will tell our readears more about diphtheria when we have learned to treat desperate cases successfully. Chlorate of potash, tincture of muriate of iron, and such trash are abominations in genuine diphtheria, though they are the invariable prescriptions of some who never lose a case.

Wine in Dyspepsia.—A prominent divine of Oakland has recently been accused of drunkenness because he carried his bottle of wine to the table in his boarding-house and partook of it during meals, at the advice of his physician, for the relief of dyspepsia.

Though exonerated upon investigation by a church committee, and his accusers convicted of attempt at blackmail, the advice of the physician resulted disastrously, in the subjecting of the worthy gentleman to many heart-burnings and petty annoyances, which were better left behind. And the dyspepsia—it seems to have been forgotton in the general *melée.* What interests the physician is, Did the wine cure or allay the indigestion? The physician said it would convert the patient from a sallow, hollow-eyed piece of humanity into a round, plump, rosy-complexioned specimen of physical perfection.

Regular medicine is severe in its strictures on the chimerical doctrines of unorthodox partisans, but it possesses a few of the most notable fallacies in the world, and among them is the wine-drinking-for-dyspepsia dogma.

Wine may temporarily blunt the sensibilities of a painful digestive apparatus and exhilarate a subject through one or two seasons of indigestion, but there soon comes a time when the blunted sensibilities react and the gastric torment returns with cheerful exuberance, the ruby caloric burns and sears like unto the torments of perdition, and the poor unfortunate imagines his malady is an organic disease with rapid progress toward the inevitable, instead of realizing that he is the innocent victim of medical folly.

St. Paul may have been an able expounder of church doctrine and Bible lore, but his commendation of wine for "the stomach's sake" is almost evidence of his unreliability as a teacher. Had he ever suffered from dyspepsia and attempted to cure himself with wine, he would never have promulgated such a bull. Evidently he was attempting what preachers often attempt at the present day, and sometimes disastrously, the lugging of medical matters into spiritual affairs.

California wine is an intoxicant, but rather a poor one. A person can get "boozy" by drinking enough of it, but there are undoubtedly better means of getting "on a heat" than by drinking the product of the California vine. As a sanitary agent it stands at the bottom of the list. If it were not in fashion with so many physicians, there would be nothing to recommend it.

Physio-Medicalism Rampant.—The August number of the *Physio-Medical Journal* bristles with an article entitled, "H. L. Webster's Eclectic Courtesy," in which the writer evidently intends to wipe out said "H. L. Webster" with one fell blow.

The writer opens with a wail because we were so ungenerous in our attack upon physio-medical medicine in our article in the July number—an article intended as an open reply to a continual drivel of underhanded abuse from those we have been carrying on our shoulders for years. The article may have been a little severe in its strictures, but if it will wake up our self-righteous brethren to something of an idea as to the manner in which others see them it will have served perhaps a good purpose.

Moreover, with all its unkindness, the article contains more commendatory words for physio-medicalism than have ever appeared in all the literature of that school for the best friends it has had. Those of our readers who would fairly understand the animus of physio-medicalism for Eclectics should read "Curtis' Medical Criticisms,"—a volume devoted to the wholesale condemnation of everything in medicine except "Old Sammy," lobelia, red pepper, and steam,—a work abounding in personal abuse, especially of the early leaders of Eclectic medicine; and this is the cue taken by many of Curtis' less gifted followers in the shape of private tirades against modern Eclectics.

These points we have a right to discuss, because physio-medicalists ask us to license them to practice medicine in California.

The writer evidently is completely muddled when he attempts to expound California medical law. He twice makes the statement that those having no diplomas must appear before the Board for examination—a stipulation of the old law, annulled more than ten years ago. He is evidently not a modern Lycurgus, but more of an old-style Rip Van Winkle.

The writer really makes but one logical argument in his whole article, and that is the point he raises because licenses have been issued in a loose manner in time past by our Board. The reason for this has been that physio-medical proclivities have somewhat ruled the Board until within the past few years. Since then it has been wholly in the hands of Eclectic graduates, and we defy any effort to show that credentials from any school have been lightly passed over, or that a license has been granted to anyone except physio-medicalists upon a diploma not issued by a reputable college conducted by a full corps of professors, and upon actual attendance upon lectures. If such can be shown to be the case, the Board would doubtless be pleased to know it, that it can mend its ways. "Progress" is our motto.

The Juniper Pomade in Nasal Obstruction.—Since Professor Howe's recommendation of this compound for nasal polypi we have had occasion to prescribe it a number of times in nasal obstruction, the result of hyperemia of the Schneiderian membrane, and have found it surprisingly prompt and efficacious in action.

A gentleman who had recently become a patron and was receiving treatment for a chronic urinary ailment, casually mentioned the fact that he had been troubled for years with a nasal obstruction which his family physician had failed to benefit, and which had been unsuccessfully treated by a local rhinologist for some time. I suggested to him the trial of a new remedy, and wrote for the pomade, with instructions to apply to the nostrils with a camel's hair pencil once a day for two or three days, then every alternate day, thus gradually lessening the frequency of the applications. A few weeks afterward the patient referred to the remedy, very enthusiastically informing us that he had derived more benefit from it than from any other treatment he had ever received, and that his son, a boy of ten years, had been using it, and had also recovered from a very annoying obstruction of the nasal passages. Half a dozen such experiences, perhaps, have been met since beginning the use of this agent, and not one failure. There never was more positive specific medication in the world.

The general practitioner, who is acute enough to trace numerous cases of headache, cerebral congestion, dizziness, despondency, dyspepsia, chronic pharyngitis, tinnitus, aurium, and chronic conjunctivitis to obstruction of the nasal passages, will find this a boon of much worth.

Undoubtedly there are many cases of nasal obstruction, bony or fibrous, which should be sent to Professor Cornwall, which require illumination, correct diagnosis, and skillful surgical treatment, but there are also many cases that are in a most deplorable plight from a form of obstruction that juniper pomade will speedily relieve. That it will cure neoplasms of the posterior nares —polypi of fibrous growth, however, we are doubting.

Protracted Lochial Discharge.—It is an important matter to the physician and patient that the lochia should be arrested within a reasonable time after the uterus has been emptied of its contents. Continuing it is a source of exhaustion, and may very much interfere with getting up. What will arrest it? Usually in these cases the uterus is flabby and does not properly contract —its walls are relaxed and its cavity patulous, while a similar condition is present in the vessels of the endometrium.

After many trials of ergot, hamamelis, erigeron, sepia, and other reputed agents, we several years ago settled upon ustilago maidis as the most positive remedy. It served us when all others failed, and we have rarely been disappointed in it since. Administer ten drops of Parke, Davis & Co.'s fluid extract ustilago maidis in a swallow of water every four hours during the day and evening for a few days, in obstinate cases, and mark the result.

EDITORIAL NOTES.

DR. BAND has passed the last month in Oakland. He regards it as a city of great future possibilities.

F. P. MITCHELL, M. D., has been appointed City Physician of Redding; also a member of the City Board of Health, of which he was elected President at its first meeting.

Golden Days continues to be the best paper for young folks published. The moral tone is good, and the stories are intensely interesting. Some of the the older children enjoy reading it as well as the younger ones.

OLD-SCHOOL writers recommend antiprine as the best remedy extant to control the paroxysms of whooping-cough. One drachm of antipyrine in solution, in two fluidounces of suitable vehicle. Dose, a teaspoonful every six hours.

W. M. DUNN, M. D., reports the prompt action of cascara sagrada in rheumatism in his own case, in a late number of the *Medical Age*. After several days of severe pain in the left shoulder, which was swollen, he began the use of cascara, with complete relief in about three days.

A COPENHAGEN surgeon has recently performed supra-pubic cystotomy, in order to catheterize the male ureter in a case of supposed calculous pyelitis, for diagnostic purposes. The object was attained, the cystotomy wound healed kindly, and the patient was none the worse for the diagnostic operation.

JABORANDI is the best arterial sedative ever yet offered to the profession; but one vital point should be recollected in every case, and that is, the *green fluid extract* must be used if reliable action is to be expected. The brown fluid extract may possess some therapeutical property, but it is so nearly worthless as a sedative that no dependence should be placed upon it.

A. E. SCOTT, M. D., of San Francisco, recently performed intubation of the larynx in a case of diphtheria attended by laryngeal exudation, for the writer. The intubation was a complete success, though the patient finally succumbed to the disease. We believe the operation offers some good promises of benefit in a class of otherwise hopeless cases, by affording more time for the arrest of the exudation, and spontaneous recovery. Without air a patient must die, when he might survive through other desperate circumstances.

MISCELLANY.

DR. BARTHOLOW declares that it may not be generally known among physicians, but it is nevertheless a fact, that the bromide of lithium is almost a specific for muscular rheumatism.—*Medical Age.*

THE following villainous conundrum is going the rounds: "How does the anatomy of a dog differ from other animals?" "Because his lungs are the seat of his pants." See?—*Peoria Medical Monthly.*

A MEDICAL "TRUST."—A physician of Spencerville, O., writes to the *Medical Standard:* "The physicians of Spencerville and vicinity have combined for protection againt delinquent debtors. The plan adopted is as follows: The physicians make out and exchange lists of patients who are delinquent debtors. All agree to refuse medical aid to such delinquents except for cash. The plan has worked like a charm, and many old debts are being paid. Let physicians elsewhere do likewise," *and prosper.*—*Southern Practitioner.*

AND what does this mean? We are told that at the late meeting of the American Medical Association, on motion of Dr. N. S. Davis, of Chicago, the rule which requires members to subscribe to the Code of Ethics was abolished. The fact that such action was taken is, we believe, not generally known, and the Kansas City *Medical Index* is entitled to credit for calling attention to it. It is significant of a desire of the association to harmonize the profession with the advancing thought of the century. Certainly a more incongruous collection of dicta than that classed under the "Code of Ethics" could scarcely be conceived of. With the renunciation of this heterogeneous conglomeration the prospects of professional unity and harmony in this country grow brighter. —*Medical Age.*

OXALATE OF CERIUM IN SEASICKNESS.—In the *Medical Record* for June 2 I have read with pleasure an article on the use of oxalate of cerium in seasickness. For the benefit of those who suffer from that malady, I wise to offer my testimony also.

The value of oxalate of cerium in seasickness has been known to me for years. Its application suggessed itself from its supposed physiological action. I had never heard of its use by any other physician until the reading of the article above-mentioned. After repeated experiments on myself and others, I am satisfied that it will relieve more cases of seasickness than any remedy yet suggested. I have tested its efficacy both in coast and transatlantic voyages.

Last summer I crossed the ocean with a party of friends. One of the number proved perverse, and would not take the remedy I offered. As the passage was somewhat rough, she was rewarded by being confined to her state-room during nearly the entire voyage. Another member of the party, hitherto a hopeless victim of seasickness, who had, in crossing the ocean fourteen times, made use of every known remedy, without benefit, obtained decided relief from the oxalate of cerium. Two others, not "good sailors," took it regularly, from the time of going on board, until the motion of the steamer ceased to be unpleasantly suggestive, and were kept from any serious symptoms, omitting, in all the passage, but one meal, on a stormy night.

The best results were obtained by fifteen-grain doses given every two hours. It can easily be taken dry, on the tongue, and I believe this administration is the most effective.—*M. M. Waldron, M. D., in Medical Record.*

PIPER METHISTICUM IN TOOTHACHE.—Almato finds piper methisticum especially indicated where the excessive toothache is accompanied by severe earache, and gives us verifications in some cases. Marie, eleven years old, but small and poorly developed, of nervous, excitable temperament, comes to the office with her father, suffering from terrible toothache. Her gums are slightly discolored, and the *right tonsil somewhat enlarged.* The right second upper molar is the criminal from which the pain spreads over the whole right side of the face, *radiates into the ear* with such intensity that the poor child screams, throws itself upon the floor; pain worse at night; despite all medical treatment, no relief and no sleep. She had such attacks, lasting five or six days, sometimes two and three times a month, for the last half year. Piper met. θ six drops in a glass of water, given frequently during the pain, and then at longer intervals, gave great relief. The following day the right face swollen and some pain at the base of the tongue, removed by apis followed by mercurius. She had another but lighter attack removed by piper met., but no swelling of the face, and this was the last one.

Mercedes, 32 years old, nervous temperament, delicate, soft skin, was confined about three weeks ago, caught cold, had chills, malaria, restlessness, and severe pain on top of head, with some fever. Aconite 3 gave some relief, but she complained next morning of severe pain over the whole right side of her face, especially in the teeth and gums of that side. Chamomilla and staphisagria failed; the pain extended now to the ear, so that she screamed and tossed about. Piper met. brought quick relief, but next day the right face was swollem. Apis and pulsatilla.

Theresa B., 16 years old, chloro-anæmic, nervous; caries of molars; had already three extracted, always when the pain became unbearable, ending, usually, in a gumboil and swollen face. She also suffered frequently from amygdalitis, ending in suppuration. Catching cold on coming out of the theater, all her troubles returned, and were unrelieved by any treatment till piper met. 6 was given. After the third dose the patient felt in her ear the sensation as if a cork were drawn from the neck of a bottle, and immediately was cured.—*Revue Hom. Belge.*

BOOK NOTICES.

ATLAS OF VENEREAL AND SKIN DISEASES. Comprising original illustrations and selections from the plates of Prof. M. Kaposi of Vienna, Dr. J. Hutchinson of London, Prof. I. Neumann of Vienna, Profs. A. Fournier and A. Hardy, and Drs. Ricord, Cullerrier, Besnier and Vidal of Paris, Prof. Leloir of Lille, Dr. P. A. Morrow of New York, Dr. E. L. Keyes of New York, Dr. Fessenden N. Otis of New York, Dr. J. Nevins Hyde of Chicago, Dr. Henry G. Piffard of New York, and others; with original text by Prince A. Morrow, A. M., M. D., clinical professor of venereal diseases, formerly clinical lecturer on dermatology, in the University of the City of New York, Surgeon to Charity Hospital, etc. Published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York.

This work will consist of fifteen monthly parts, each containing five folio chromo-lithrographic plates, in flesh tints and colors, together with descriptive text for each plate, and from sixteen to twenty folio pages of a practical treatise upon venereal and skin diseases; the whole forming, when complete, one magnificent thick folio volume, with seventy-five plates containing several hundred figures exquisitely printed in colors. It will be sold by subscription only, at the very moderate price of $2.00 per part.

The first six parts of this work have been received and justify all the claims made for the work in the prospectus.

ABDOMINAL SURGERY. By Hal. C. Wyman, M. D. Published by Geo. S. Davis, M. D., Detroit, Michigan. Price, paper, 25 cts.; cloth, 50 cts.

This is one of the Physicians' Leisure Library Series and a worthy contribution to modern surgery.